

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

04780713

FILING DATE

02-08-01

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1				
3						
4		1				
5		1				
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50						
TOTAL IND.	3					
TOTAL DEP.	22					
TOTAL CLAIMS	25					

*	IND.	DEP.	*	IND.	DEP.	*
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						